

341 INFORMATION REQUEST FORM

Bankruptcy No.: 16-16408- amc

Today's Date: _____

Name of Debtor: Johnny Ballard

Current Address of Debtor: 5716 Hoffman Avenue, Phila., Pa. 19143

Name, Address & Phone
Number of Employer(s): Johnny Ballard 5716 Hoffman ave Philadelphia PA 19143

Date Employment Started: 01/06/2016

Domestic Support
Obligation(s): ☒ I am not required to pay any Domestic Support Obligations, or
☐ I am required to pay Domestic Support Obligations and I have paid any
(check the statement that amounts payable under a Court Order or Statute that were due on or before
applies to you.) today's date - complete section below, or

☐ I am required to pay Domestic Support Obligations but I have not paid all
amounts due under Court Order or Statute as of today's date - complete
section below.

I make Domestic Support Payments to:
~~XXXXXXXXXXXX~~

Reason for Support Payments (i.e. child support, alimony)
Bankruptcy

The information I have provided above is true and correct to the best of my knowledge and belief. I AUTHORIZE THE STANDING TRUSTEE TO INCLUDE MY FULL SOCIAL SECURITY NUMBER WHEN PROVIDING THE WRITTEN NOTICE REQUIRED BY 11 U.S.C. §1302((d)(1)(B)(i) TO THE STATE CHILD SUPPORT ENFORCEMENT AGENCY.

[Signature]
Debtor's Signature